

<i>SERFF Tracking Number:</i>	<i>TAPK-126255909</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43137</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: Accidental Death

SERFF Tr Num: TAPK-126255909 State: Arkansas

TOI: H02I Individual Health - Accident Only

SERFF Status: Closed-Approved-Closed
State Tr Num: 43137

Sub-TOI: H02I.000 Health - Accident Only

Co Tr Num: State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor
Disposition Date: 09/01/2009
Disposition Status: Approved-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type:

Submission Type:

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 09/01/2009

Explanation for Other Group Market Type:

State Status Changed: 09/01/2009

Deemer Date:

Created By: Suzanne Heasley

Submitted By: Suzanne Heasley

Corresponding Filing Tracking Number:

Filing Description:

Form ADB-09 is an individual accidental death policy. Form ADBA-09-AR is the application. Form ADB09-OC is the outline of coverage. When approved, these forms will be used with Form RADB2 96, an accidental death rider approved by your office on December 18, 1996, form WP (ADB) 96 approved by your office on December 18, 1996 and form EAP-AR-Notice approved by your office on March 19, 2008.

Company and Contact

Filing Contact Information

Suzanne Heasley,

Uheas@aol.com

SERFF Tracking Number: TAPK-126255909 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 43137
Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: /

2325 Havard Oak Drive 972-398-3733 [Phone]
Plano, TX 75074 972-398-3733 [FAX]

Filing Company Information

(This filing was made by a third party - tallenpark)

Central United Life Insurance Company	CoCode: 61883	State of Domicile: Texas
10700 Northwest Freeway	Group Code: 1117	Company Type: Life and Health
Houston, TX 77092	Group Name:	State ID Number:
(713) 529-0045 ext. [Phone]	FEIN Number: 42-0884060	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	08/05/2009	29651618

SERFF Tracking Number: TAPK-126255909 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 43137
 Company Tracking Number:
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accidental Death
 Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	09/01/2009	09/01/2009
Approved-Closed	Rosalind Minor	08/18/2009	08/18/2009
Approved-Closed	Rosalind Minor	08/14/2009	08/14/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/14/2009	08/14/2009	Suzanne Heasley	08/15/2009	08/15/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Accidental Death Policy	Suzanne Heasley	08/31/2009	08/31/2009
Form	Accidental Death Policy	Suzanne Heasley	08/13/2009	08/13/2009
Form	Outline of Coverage	Suzanne Heasley	08/13/2009	08/13/2009

<i>SERFF Tracking Number:</i>	<i>TAPK-126255909</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43137</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 09/01/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126255909 State: Arkansas

Filing Company: Central United Life Insurance Company State Tracking Number: 43137

Company Tracking Number:

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: Accidental Death

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorizations	Approved-Closed	Yes
Form (<i>revised</i>)	Accidental Death Policy	Approved-Closed	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Application	Approved-Closed	Yes
Form (<i>revised</i>)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Outline of Coverage	Replaced	Yes

<i>SERFF Tracking Number:</i>	<i>TAPK-126255909</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43137</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126255909 State: Arkansas

Filing Company: Central United Life Insurance Company State Tracking Number: 43137

Company Tracking Number:

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: Accidental Death

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorizations	Approved-Closed	Yes
Form (<i>revised</i>)	Accidental Death Policy	Approved-Closed	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Application	Approved-Closed	Yes
Form (<i>revised</i>)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Outline of Coverage	Replaced	Yes

<i>SERFF Tracking Number:</i>	<i>TAPK-126255909</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43137</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/14/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TAPK-126255909 State: Arkansas

Filing Company: Central United Life Insurance Company State Tracking Number: 43137

Company Tracking Number:

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: Accidental Death

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Authorizations	Approved-Closed	Yes
Form (<i>revised</i>)	Accidental Death Policy	Approved-Closed	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Accidental Death Policy	Replaced	Yes
Form	Application	Approved-Closed	Yes
Form (<i>revised</i>)	Outline of Coverage	Approved-Closed	Yes
Form	Outline of Coverage	Replaced	Yes
Form	Outline of Coverage	Replaced	Yes

SERFF Tracking Number: TAPK-126255909 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 43137
Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/14/2009
Submitted Date 08/14/2009

Respond By Date

Dear Suzanne Heasley,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accidental Death Policy, ADB-09 (Form)

Comment:

I approved the policy in error.

Before approval is given to the submission, there needs to be a provision for the refund of unearned premium in the event of death of the insureds as outlined under ACA 23-85-134.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/15/2009
Submitted Date 08/15/2009

Dear Rosalind Minor,

Comments:

Thank you Rosalind for your review of the forms.

Response 1

Comments: The requested change has been made to the benefit provision in the policy and outline of coverage.

Related Objection 1

Applies To:

- Accidental Death Policy, ADB-09 (Form)

SERFF Tracking Number: TAPK-126255909 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 43137
 Company Tracking Number:
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accidental Death
 Project Name/Number: /
 Comment:

I approved the policy in error.

Before approval is given to the submission, there needs to be a provision for the refund of unearned premium in the event of death of the insureds as outlined under ACA 23-85-134.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accidental Death Policy	ADB-09		Policy/Contract/Fraternal Certificate	Initial		52.300	ADB09 policy AR.pdf
Previous Version							
Accidental Death Policy	ADB-09		Policy/Contract/Fraternal Certificate	Initial		52.300	ADB09 policy final.pdf
Accidental Death Policy	ADB-09		Policy/Contract/Fraternal Certificate	Initial		52.300	ADB09 policy.pdf
Outline of Coverage	ADB09-OC		Outline of Coverage	Initial		53.000	ADB09 OC AR.pdf
Previous Version							
Outline of Coverage	ADB09-OC		Outline of Coverage	Initial		53.000	ADB09 OC final.pdf
Outline of Coverage	ADB09-OC		Outline of Coverage	Initial		53.000	

SERFF Tracking Number: *TAPK-126255909* *State:* *Arkansas*
Filing Company: *Central United Life Insurance Company* *State Tracking Number:* *43137*
Company Tracking Number:
TOI: *H02I Individual Health - Accident Only* *Sub-TOI:* *H02I.000 Health - Accident Only*
Product Name: *Accidental Death*
Project Name/Number: /

No Rate/Rule Schedule items changed.

We look forward to receiving the approval.

Sincerely,
Suzanne Heasley

SERFF Tracking Number: TAPK-126255909 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 43137
 Company Tracking Number:
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accidental Death
 Project Name/Number: /

Amendment Letter

Submitted Date: 08/31/2009

Comments:

Thank you for re-opening this file. I have done a substitution for the policy form ADB-09. No forms have been issued. The only change is on page 4. The second paragraph of Section II regarding changes in premium rates has been deleted.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ADB-09	Policy/Contr	Accidental	Initial				52.300	ADB09 policy AR rev.pdf
	act/Fraternal	Death Policy						
	Certificate							

SERFF Tracking Number: TAPK-126255909 State: Arkansas
 Filing Company: Central United Life Insurance Company State Tracking Number: 43137
 Company Tracking Number:
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: Accidental Death
 Project Name/Number: /

Amendment Letter

Submitted Date: 08/13/2009

Comments:

The policy and outline have been revised to correct a typographical error in exclusion f of the policy and outline. Then language has been revised to match the corresponding exclusion in the application.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
ADB-09	Policy/Contr	Accidental	Initial				52.300	ADB09 policy final.pdf
	act/Fraternal	Death Policy						
	Certificate							
ADB09-OC	Outline of	Outline of	Initial				53.000	ADB09 OC final.pdf
	Coverage	Coverage						

SERFF Tracking Number: TAPK-126255909 State: Arkansas

Filing Company: Central United Life Insurance Company State Tracking Number: 43137

Company Tracking Number:

TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only

Product Name: Accidental Death

Project Name/Number: /

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 09/01/2009	ADB-09	Policy/Cont ract/Fratern al Certificate	Accidental Death	Initial		52.300	ADB09 policy AR rev.pdf
Approved-Closed 08/14/2009	ADBA-09-AR	Application/ Enrollment Form	Application	Initial		51.600	ADB-09- AR.pdf
Approved-Closed 08/18/2009	ADB09-OC	Outline of Coverage	Outline of Coverage	Initial		53.000	ADB09 OC AR.pdf

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Home Office: Little Rock, Arkansas

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092

(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at 10700 Northwest Freeway, Houston, TX 77092 within 10 days if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

INSURING CLAUSE

In consideration for payment of premiums, the Company hereby insures the persons shown on the application (a copy of which is attached hereto) and named in the Policy Schedule against specified losses as hereinafter defined, subject to all provisions of this Policy, including but not limited to, the benefits, Effective Date and exclusions hereafter set forth.

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY

If the Owner is not satisfied with this Policy for any reason, it may be returned to the Company at its address above, or to the Agent through whom it was purchased, within 10 days after receipt, and the Company will refund all premiums paid. In this event, this Policy shall be void from inception, and the Owner and the Company shall both be restored to the same position as if no Policy has been issued.

RENEWAL PROVISION

This Policy is guaranteed renewable to the anniversary following the Insured's 70th birthday by the timely payment of premiums. It must be paid on or before its due date or within the 31 days that follow. When an Insured's coverage terminates at such age, coverage for other Covered Person's, if any, shall continue under this Policy. The payment of a premium will not continue this Policy in force beyond the next premium due date.

IN WITNESS whereof CENTRAL UNITED LIFE INSURANCE COMPANY has caused this contract to be executed at its Home Office in Little Rick, Arkansas, as of the Effective Date shown.



Secretary



President

TABLE OF CONTENTS

POLICY SCHEDULE	Page 3
DEFINITIONS	Page 4
PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY	Page 4
BENEFITS	Page 5
EXCLUSIONS	Page 5
TERMINATION	Page 5
GENERAL PROVISIONS	Page 5
SETTLEMENT OPTIONS	Page 6

POLICY SCHEDULE

Owner:

Insured:

Age:

Spouse:

Effective Date:

Premium:

Annual
Semi-Annual
Quarterly
Monthly

Reinstatement Interest Rate: 6%

[Waiver of Premium Rider]

Policy Fee: [\$25.00]

Policy Number:

Sex:

Monthly Income Benefit Amount:

Number of Months Payable: [60; 120]

Lump Sum Settlement Amount:

Expiry Date:

Annual Premium:

SECTION I - DEFINITIONS

In this Policy:

"We," "Us", "Our" and "the Company" mean Central United Life Insurance Company.

"You", "Your" and "Insured" mean the primary Insured covered under this Policy.

"Covered Person" means the Insured and his or her spouse covered under this Policy.

"Owner" means the person who has the right to change the Beneficiary and to exercise all rights under this Policy. The Owner may be someone other than the Insured and is shown on the Policy Schedule.

"Effective Date" means the date on which coverage under this Policy begins. The Effective Date is shown on the Policy Schedule.

"Injury" means accidental bodily Injury which is the direct cause of loss, independent of disease. The Injury must be sustained after the Effective Date of this Policy and while this Policy is in force. "Injury" includes all injuries as a result of one accident. Loss resulting from: (a) sickness or disease, except pyogenic infections incurred through an accidental cut or wound; or (b) medical or surgical treatment of a sickness or disease is not considered as resulting from Injury.

"Written Request" means any form provided by Us for the particular request.

"Policy Schedule" means page 3 of this Policy.

SECTION II - PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY

Premiums - To keep this Policy in force, premiums must be paid on or before the due date. All premiums must be paid at Our Administrative Office or to an Agent or cashier authorized by us. We will issue a receipt on request. The initial premium is due on or before the Effective Date. Subsequent premiums are payable while You are living and within the Grace Period, but not beyond the Expiry Date. If any premium remains unpaid after the Grace Period, this Policy will lapse. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The frequency of premium payment may be changed on any policy anniversary to any other frequency shown on Page 3.

Grace Period - We will allow a period of 31 days after the premium due date for payment of each premium after the first. During the Grace Period, no interest will be charged on the premium due. If You die during the Grace Period before the premium is paid, the portion of the premium required to provide insurance from the premium due date to the date of Your death will be deducted from the proceeds of this Policy.

Effective Date - The Effective Date will be used to determine the premium due dates, policy anniversaries and policy years. The Effective Date is shown on Page 3.

Reinstatement of a Lapsed Policy - If this Policy lapses, it may be reinstated subject to the following conditions:

1. An application for reinstatement must be completed by You and the Owner within 5 years of the date of lapse and before the Expiry Date.
2. Proof at Your own expense of continued insurability by Our standards must be given.
3. You must pay all premiums due at the rate of interest specified in the Policy Schedule at the time of reinstatement.
4. The reinstated Policy will be incontestable after it has been in force during Your lifetime for two years from the date of reinstatement. Any contest to the reinstated policy will be based on fraudulent misstatements made in the application for reinstatement.

SECTION III - BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

In addition, upon the death of the Covered Person, We will pay in a lump sum no later than 30 days after We receive proof of the Covered Person's Death, any premiums paid under this Policy for any period beyond the end of the policy month in which the Covered Person's death occurred.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while this Policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

SECTION IV - EXCLUSIONS

Benefits will not be paid under this Policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;
- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

SECTION V - TERMINATION

This Policy will continue in force to the first to occur of the following: (a) the anniversary following the Insured's 70th birthday; (b) the end of any grace period during which the required premium has not been paid; or (c) the date the Owner requests that this Policy be terminated.

In the event of death of the Insured, the spouse if a Covered Person shall automatically become the Insured.

Coverage under this Policy for the spouse will terminate on the first to occur of the following: (a) the anniversary following the spouse's 70th birthday; (b) the end of the term during which the spouse becomes divorced or legally separated from the Insured; or (c) the date this Policy terminates.

The spouse shall be eligible for a conversion policy at attained age and without evidence of insurability, then in use by the Company which most closely approximates the coverage provided by this Policy. Written request for conversion and payment of the first premium must be made within 31 days after termination of insurance under this Policy.

SECTION VI - GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES. This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. Statements in the application will, in the absence of fraud, be deemed representations and not warranties. No change in this Policy shall be valid until approved by an executive officer of ours and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

INCONTESTABILITY. We cannot contest this Policy, except for non-payment of premiums, after it has been in force during the

Insured's lifetime for 2 years from either the Effective Date, or if reinstated, the date of reinstatement.

PHYSICAL EXAMINATION AND AUTOPSY. We may, at Our own expense, have the Covered Person examined as often as reasonably necessary while a claim is pending and may have an autopsy made unless prohibited by law.

OWNER OF THIS POLICY. You are the Owner of this Policy unless a different Owner is stated on the Policy Schedule. If a different Owner is stated, such designation will remain in effect until the Owner changes it. If the Owner dies before You, the ownership rights belong to his or her estate. During Your lifetime, only the Owner will be entitled to the rights granted by this Policy.

CHANGE OF BENEFICIARY. The Owner may change the Beneficiary by filing a written notice with Us. A change of Beneficiary will not be effective until We record it at Our Administrative Office. When recorded, even if You are not then living, the change will take effect on the date the notice was signed. Any proceeds paid before We record a change of Beneficiary will not be subject to change. An irrevocable Beneficiary may not be changed without that Beneficiary's written request.

LEGAL ACTION. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of ten years after the time written proof of loss is required to be furnished.

MISSTATEMENT OF AGE OR SEX. If a Covered Person's age or sex has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age or sex.

If, because of misstatement of a Covered Person's age, We accept any premium which falls due on a date when, according to the correct age, coverage under this Policy would not have been issued or the coverage under this Policy for such Covered Person would have ceased, then Our liability shall be limited to the refund, upon request, of all premiums paid for the period not covered by this Policy.

CONFORMITY WITH STATE STATUTES. Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state to which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

NONPARTICIPATION. This Policy shall not participate in Our surplus.

ASSIGNMENT. An assignment of this Policy will not be binding on Us unless it is in writing and filed with Us at Our Administrative Office. We will not be responsible for the legal effect of any assignment.

GENDER. Pronouns of masculine gender apply in this Policy to persons of either sex unless the context indicates otherwise.

SECTION VII - SETTLEMENT OPTIONS

GENERAL POLICY SETTLEMENT PROVISIONS

CHOOSING AN OPTIONAL METHOD OF SETTLEMENT. At any time before the Covered Person's death, an optional method of Policy settlement may be chosen. If the Covered Person dies and an option has not yet been chosen, then the payee may choose an option. We must receive Written Notice informing Us of the option chosen. If the payee is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

PAYEE. The Beneficiary is the payee of the Policy proceeds at the Covered Person's death; any contingent Beneficiary is the contingent payee. If the Beneficiary is revocable, then the payee is also revocable. The interest of any Beneficiary who dies before the Covered Person will terminate at his death. If the interest of all designated Beneficiaries has terminated, all proceeds will be paid to the Owner of this Policy. If the Owner is not living at that time, all proceeds will be paid to the Owner's estate. If any Beneficiary dies within 15 days of Your death, We will pay the proceeds as though that Beneficiary died before You.

FREQUENCY OF PAYMENTS. If Option 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

FIRST PAYMENT. Depending on the frequency of payments specified, the first payment under Option 2 is payable 1 year, 6 months, 3 months or 1 month from the date of the Covered Person's death. The first payment under any other option is payable on the date of the Covered Person's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will

pay the larger amount as the benefit under the option. We will furnish this amount upon request.

DEATH OF PAYEE. At the payee's death, We will pay the amounts below in one sum to the payee's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 2, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 3, 4 or 5, the commuted value of the amount payable at the payee's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the payee's death.

PROTECTION AGAINST CREDITORS. Unless provided otherwise at the time an option is chosen, the payee may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

SETTLEMENT AGREEMENT. In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

ADDITIONAL INTEREST EARNINGS. We may pay interest earnings beyond those guaranteed in Options 2 and 3. If We do, We will determine the amount of the additional interest earnings and how they are paid.

OPTIONAL METHODS OF POLICY SETTLEMENT

OPTION 1 - LUMP SUM SETTLEMENT. We will pay the Lump Sum Settlement Amount to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person.

OPTION 2 - INTEREST PAYMENTS. We will hold the Policy proceeds as principal and pay the interest to the payee. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. At the death of the payee, We will make payment as stated in "Death of Payee."

OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD. We will pay the Policy proceeds in equal installments to the payee for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 of Lump Sum Settlement Amount applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the payee dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Payee."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$ 67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

OPTION 4 - LIFE ANNUITY. We will pay equal monthly installments to the payee for as long as he lives. The amount of each installment for each \$1, 000 of Lump Sum Settlement Amount applied under this option is shown in the table below. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Monthly Life Annuity		Age* of Payee	Monthly Life Annuity	
	Male	Female		Male	Female
16 and under			51	\$4.15	\$3.89
17	\$2.92	\$2.85	52	4.22	3.95
18	2.94	2.87	53	4.30	4.01
19	2.95	2.88	54	4.38	4.08
20	2.97	2.90	55	4.46	4.15
21	2.99	2.91	56	4.55	4.23
22	3.00	2.93	57	4.65	4.31
23	3.02	2.94	58	4.75	4.40
24	3.04	2.96	59	4.86	4.49
25	3.06	2.97	60	4.98	4.59
26	3.08	2.99	61	5.10	4.69
27	3.10	3.01	62	5.23	4.80
28	3.13	3.03	63	5.37	4.92
29	3.15	3.05	64	5.52	5.04
30	3.17	3.07	65	5.69	5.18
31	3.20	3.09	66	5.86	5.32
32	3.23	3.12	67	6.04	5.47
33	3.26	3.14	68	6.24	5.64
34	3.28	3.17	69	6.45	5.82
35	3.32	3.19	70	6.67	6.01
36	3.35	3.22	71	6.90	6.21
37	3.38	3.25	72	7.16	6.44
38	3.42	3.28	73	7.43	6.68
39	3.46	3.31	74	7.71	6.94
40	3.50	3.34	75	8.02	7.22
41	3.54	3.38	76	8.35	7.52
42	3.58	3.41	77	8.70	7.85
43	3.63	3.45	78	9.08	8.21
44	3.67	3.49	79	9.48	8.60
45	3.72	3.53	80	9.91	9.02
46	3.78	3.57	81	10.37	9.47
47	3.83	3.62	82	10.86	9.96
48	3.89	3.67	83	11.38	10.50
49	3.95	3.72	84	11.94	11.07
50	4.01	3.77	85	12.54	11.69
	4.08	3.83			

*Use the payee's age on the date of the Covered Person's death.

OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN. We will pay equal monthly installments to the payee for as long as he lives with a period certain of 10 years. If the payee dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Payee." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 of Lump Sum Settlement Amount applied under this option. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain		Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.11	\$3.87
17	2.93	2.87	52	4.18	3.93
18	2.95	2.88	53	4.25	3.99
19	2.97	2.89	54	4.33	4.06
20	2.98	2.91	55	4.41	4.13
21	3.00	2.92	56	4.49	4.20
22	3.02	2.94	57	4.58	4.28
23	3.04	2.96	58	4.68	4.36
24	3.06	2.97	59	4.78	4.45
25	3.08	2.99	60	4.88	4.54
26	3.10	3.01	61	4.99	4.63
27	3.12	3.03	62	5.10	4.73
28	3.15	3.05	63	5.23	4.84
29	3.17	3.07	64	5.35	4.95
30	3.20	3.09	65	5.48	5.07
31	3.22	3.11	66	5.62	5.20
32	3.25	3.14	67	5.77	5.33
33	3.28	3.16	68	5.92	5.47
34	3.31	3.19	69	6.07	5.62
35	3.34	3.22	70	6.23	5.78
36	3.38	3.24	71	6.39	5.94
37	3.41	3.27	72	6.56	6.11
38	3.45	3.30	73	6.73	6.29
39	3.49	3.34	74	6.90	6.48
40	3.53	3.37	75	7.08	6.67
41	3.57	3.41	76	7.25	6.86
42	3.62	3.44	77	7.43	7.06
43	3.66	3.48	78	7.61	7.26
44	3.71	3.52	79	7.78	7.46
45	3.76	3.57	80	7.95	7.66
46	3.81	3.61	81	8.11	7.86
47	3.87	3.66	82	8.27	8.05
48	3.92	3.71	83	8.42	8.23
49	3.98	3.76	84	8.56	8.40
50	4.05	3.81	85	8.69	8.55

*Use the payee's age on the date of the Covered Person's death.

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092
(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY

Central United Life Insurance Company
10700 Northwest Freeway, Houston, Texas 77092

ACCIDENTAL DEATH BENEFIT APPLICATION

Company Use Only

Pol. No. _____

Pol. Date _____

Approved _____

Other _____

1. Proposed Insured

Social Security Number _____

Last Name _____ First _____ M.I. _____

Month _____ Day _____ Year _____ Age _____

Sex: ☐ Female
☐ Male

2. Owner if other than Insured

Social Security Number _____

Last Name _____ First _____ M.I. _____

Month _____ Day _____ Year _____ Age _____

Sex: ☐ Female
☐ Male

3. Spouse of Insured

Social Security Number _____

Last Name _____ First _____ M.I. _____

Month _____ Day _____ Year _____ Age _____

Sex: ☐ Female
☐ Male

4. Residence Address

Street _____ City _____ State _____ Zip _____

4a. Employer of Insured

Type of Business _____

4b. Occupation of Insured

Describe Duties _____

5a. Employer of Spouse

Type of Business _____

5b. Occupation of Spouse

Describe Duties _____

6a. PRIMARY BENEFICIARY OF INSURED/RELATION

6b. PRIMARY BENEFICIARY OF SPOUSE/RELATION

6c. CONTINGENT BENEFICIARY OF INSURED/RELATION

6d. CONTINGENT BENEFICIARY OF SPOUSE/RELATION

7. BENEFITS APPLIED FOR: ☐ 60 MONTH ☐ 120 MONTH WAIVER OF PREMIUM ☐ YES ☐ NO

8. ACCIDENTAL DEATH BENEFIT POLICY

INSURED - Monthly Benefit \$ _____

Rider _____

Gross Monthly Income \$ _____

SPOUSE - Monthly Benefit \$ _____

Rider _____

Gross Monthly Income \$ _____

9a. Premium Mode

☐ Annual ☐ Semi-Annual

☐ Quarterly ☐ Monthly

9b. Premium Mode

☐ Bank Draft ☐ Payroll Ded.

☐ Direct Bill

PREMIUM

Insured \$ _____

Spouse \$ _____

Policy Fee \$ _____

Rider \$ _____

Total \$ _____

10. Is any proposed insured currently in the hospital or receiving medical treatment or disability payments? ☐ Yes ☐ No

If yes, give name of person(s) and details. _____

11. Is the purchase of this insurance policy to replace or duplicate other insurance? ☐ Yes ☐ No

If yes, state name of Company and amount: _____

Note: If replacing - complete proper form.

12a. In the past two years, has any person proposed for insurance had his/her driver's license suspended or revoked, or been convicted or driving while intoxicated? ☐ Yes ☐ No If yes, give name or names as they appear on your driver's license, driver's license number, and state of issue. _____

12b. In the past five years, has any person proposed for insurance received treatment or medical advice because of use of alcohol or drugs? ☐ Yes ☐ No If yes, give name _____

12c. Is any person proposed for insurance blind, bedridden, confined to a wheelchair, unable to walk without a cane or crutch; or in the past five years, has any proposed for insurance had a Epileptic Seizure, Stroke, Parkinson's disease, or Alzheimer's disease?

☐ Yes ☐ No If yes, give name _____

13. I/we understand that the Accidental Death Benefit Policy will not cover loss resulting from suicide whether sane or insane; or intentional self-inflicted injury; any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared; commission of, or attempt to commit, an assault or a felony; active participation in a riot or insurrection; the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician; the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes; mountaineering, parachuting, hang-gliding, sail-gliding, or bungee-jumping; practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race or speedway; travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or from bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental injury.

I, the propose insured(s) understand that policy(s) issuance is based on all statements and answers indicated above, which are complete and true to the best of my knowledge and belief. I further understand that the rider(s) is effective until the effective date specified in the rider(s) and that the rider(s) applied for will not pay benefits for any claims which occur prior to the effective date stated in the rider(s).

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Authorization: I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the MIB, Inc. or other organization, institution or person that has any record of me or any member of my family or of my health or health of a member of my family, to give to the Central United Life Insurance Company or its Reinsurers any all information it requests with respect to such record or knowledge. I acknowledge receipt of the Notice of Information Practices and the MIB, Inc. Disclosure Notice. A photographic copy of this authorization shall be as valid as the original.

Signed at _____ this _____ day of _____, 20____

Group Number

X _____
Signature of Proposed Insured/Telephone Number

X _____
Signature of Proposed Spouse

I, the agent hereby certify that I have truly and accurately recorded on this application the information by the Applicant.

X _____
Signature of Licensed Agent

Agent No.

() _____
Agent Telephone No.

BANK DRAFT AUTHORIZATION

AUTHORIZATION TO HONOR CHECKS DRAWN BY CENTRAL UNITED LIFE INSURANCE COMPANY

To: _____

Your Banks Address: _____

As a convenience to me, I hereby request and authorize you to pay and charge my account checks drawn on my account by and payable to the order of Central United Life Insurance Company of Houston, Texas, provided there are sufficient funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually received such notice I agree that you shall be fully protected in honoring such check. I further agree that if any such checks be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

_____ X _____
Date Your signature Exactly as it appears on Bank Records Account No.

ADBA-09-AR

Notice Information Practices, Including the Fair Credit Reporting Act Notice and MIB, Inc. Notice

Thank you for your application. It is the major source of information about you which we use in evaluating your application and reviewing your policy. However, we wish to inform you that an investigative consumer report may be ordered as to your insurability. If an investigative consumer report is prepared in connection with this application, you may request to be interviewed in connection with preparation of this report. This report may include, if applicable, information as to your character, general reputation, personal characteristics and mode of living as may be obtained through interviews with family members, friends, neighbors and associates. If you would like to know whether such a report was ordered and if so, receive additional information as to its nature and scope, including the name, address and phone number of the reporting agency, we will be pleased to furnish this information upon your written request to our Home Office at the address below. You may receive a copy of such report by contacting the reporting agency. Our experience shows that information from investigative reports does not have any adverse effect on our underwriting decision. However, if it should, we will notify you in writing of this fact as well as provide you the identity by name and address of the reporting agency. You may then wish to discuss the matter with that agency. We usually will not disclose information about you without your prior written authorization. However, in certain situations we may disclose some of this information about you to third parties having a business interest in an insurance transaction involving you, or having a contract with us to perform part of our insurance function. This could include disclosures to persons or organizations that will use the information for sales purposes, unless you indicate to us that you do not want the information disclosed for this purpose. You have the right to obtain access to certain items of information we have collected about you, and you have the further right to request correction of information if you feel it is inaccurate. If you wish to have a more detailed description of our information practices, we will be pleased to furnish this information upon request to our Home Office at the address below.

MIB, Inc. Notice

While the information regarding your insurability treated as confidential, Central United Life or its reinsurers may make a brief report thereon to the Medical Information Bureau, a non-profit membership organization of life insurance companies, which operates an information exchange Bureau on behalf of its members. Should you apply for life or health insurance, or submit a claim for benefits to another member company, the Medical Information Bureau, upon request from that member company, will supply the information in its file. Upon written request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of the information in the Bureau's file, you may contact the Bureau and seek correction in accordance with the procedure set forth in the Federal Fair Credit Reporting Act. The address of the Bureau's information offices is P.O. Box 105, Essex Station, Boston, MA 02112, Telephone (617) 426-3660. We or our reinsurers may also release information in our file to other life insurance companies to whom you apply for life or health insurance or to whom a claim for benefits may be submitted.

To obtain further information contact: Central United Life Insurance Company, 10700 Northwest Freeway, Houston, Texas 77092

CENTRAL UNITED LIFE INSURANCE COMPANY

10700 Northwest Freeway
Houston, Texas 77092

ACCIDENTAL DEATH BENEFIT POLICY POLICY FORM ADB-09

REQUIRED OUTLINE OF COVERAGE

PARAGRAPH 1

Read your Policy Carefully. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

PARAGRAPH 2

The policy is designed to provide you with coverage for death resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

PARAGRAPH 3

BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

In addition, upon the death of the Covered Person, We will pay in a lump sum no later than 30 days after We receive proof of the Covered Person's Death, any premiums paid under this Policy for any period beyond the end of the policy month in which the Covered Person's death occurred.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while the policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

PARAGRAPH 4

EXCLUSIONS AND LIMITATIONS

Benefits will not be paid under the policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;

- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

PARAGRAPH 5 **RENEWABILITY**

The policy is Guaranteed Renewable to the policy anniversary following the Insured's 70th birthday.

PARAGRAPH 6 **PREMIUM**

Your premium for the policy is \$_____ annually. If your premium is not annual, it is \$_____for_____ months. The Policy provides a 31-day grace period during which period the Policy will remain in force. Premiums are subject to change.

SERFF Tracking Number: TAPK-126255909 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 43137
Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	08/14/2009
Comments:		
Attachment: Readability certificate.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application	Approved-Closed	08/14/2009
Bypass Reason: application to be used with this filing is new and is attached under the form schedule		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	08/14/2009
Comments:		
Attachment: ADBMemorandum.pdf		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	08/14/2009
Bypass Reason: The outline of coverage is submitted under the forms section		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Authorizations	Approved-Closed	08/14/2009
Comments:		
Attachments: 2009L&EauthorizationformHeasley.pdf		

<i>SERFF Tracking Number:</i>	<i>TAPK-126255909</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43137</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accidental Death</i>		
<i>Project Name/Number:</i>	<i>/</i>		

CUL authorization.pdf

Readability Certification

Insurance Company: Central United Life Insurance Company

<u>Form Number</u>	<u>Description of Form</u>
ADB-09	Accidental Death Policy
ADBA-09-AR	Application
ADB09-OC	Outline of Coverage

I hereby certify that the above referenced form complies with the readability requirements of this State.

Mary Lou Rainey

Authorized Signature

Mary Lou Rainey

Name

Secretary

Title

August 5, 2009

Date

Actuarial Memorandum for Form ADB-09

I. Description of Benefits

The policy will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the beneficiary upon receipt of due proof of the accidental death of the Insured. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the number of months shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. The Company may pay interest earnings in addition to this guaranteed rate. If so, the Company will determine the amount of the additional interest and how it is to be paid.

Accidental death of the Insured must: (a) result from injury, directly and independently of all other causes; (b) occur within 90 days after the date of the injury (c) result from Injury that occurs while this Policy is in force; and (d) result from Injury which occurs prior to the anniversary following his 70th birthday.

II. Nonforfeiture Benefits

None required.

III. Reserves

Reserves are computed based on 2001 CSO 4.00%, ALB and 1959 ADB mortality and the commissioners reserve valuation method.

IV. General Formulae

${}_tV$ = Terminal reserve for policy year t

${}_tMV$ = Mean reserve for policy year t

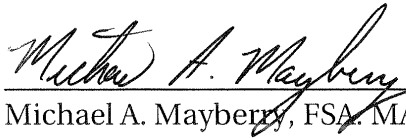
${}_tNP_x$ = CRVM Net Premium for issue age x

$${}_tV = \frac{(M_{x+t}^{\text{ad}} - M_{x+n}^{\text{ad}}) - NP_x (N_{x+t} - N_{x+n})}{D_{x+t}}$$

V. Actuarial Certification

I certify that the rates charged are reasonable in relation to the benefits provided.

LEWIS & ELLIS, INC.



Michael A. Mayberry, FSA, MAAA

kh

**Actuarial Memorandum for
Form ADB-09**

Gross Annual Premiums per \$100 Monthly Income*

Issue Age	Income Payable 60 Months		Income Payable 120 Months	
	Male	Female	Male	Female
0-39	3.63	1.62	6.76	3.02
40-49	3.97	1.84	7.39	3.43
50-59	4.58	1.90	8.53	3.54
60 +	6.03	2.96	11.23	5.51
* Add annual policy fee of \$25				

Years Since Issue	Statutory		Statutory		Statutory		Statutory Terminal Reserve	Statutory Mean Reserve
	Valuation	Mortality	Valuation	Accidental	Valuation	Net		
	Interest Rate (%)	Rate Per 1,000	Per 1,000	Death Mor- tality Rate Per 1,000	Premium			
0							0	
1	4	1.24	0.386	0.371154		0	0.19	
2	4	1.31	0.387	0.47473		0.11	0.29	
3	4	1.39	0.389	0.47473		0.22	0.4	
4	4	1.49	0.391	0.47473		0.33	0.51	
5	4	1.59	0.393	0.47473		0.44	0.62	
6	4	1.72	0.395	0.47473		0.56	0.74	
7	4	1.87	0.399	0.47473		0.68	0.86	
8	4	2.05	0.405	0.47473		0.8	0.97	
9	4	2.27	0.413	0.47473		0.91	1.09	
10	4	2.52	0.422	0.47473		1.02	1.2	
11	4	2.77	0.431	0.47473		1.13	1.31	
12	4	3.03	0.441	0.47473		1.23	1.42	
13	4	3.25	0.45	0.47473		1.33	1.52	
14	4	3.42	0.456	0.47473		1.42	1.61	
15	4	3.64	0.462	0.47473		1.52	1.71	
16	4	3.91	0.465	0.47473		1.61	1.8	
17	4	4.26	0.471	0.47473		1.71	1.9	
18	4	4.7	0.477	0.47473		1.8	1.99	
19	4	5.21	0.486	0.47473		1.89	2.08	
20	4	5.83	0.498	0.47473		1.97	2.17	
21	4	6.52	0.514	0.47473		2.04	2.25	
22	4	7.26	0.532	0.47473		2.1	2.31	
23	4	7.95	0.552	0.47473		2.15	2.36	
24	4	8.63	0.575	0.47473		2.17	2.39	
25	4	9.42	0.598	0.47473		2.17	2.41	
26	4	10.4	0.624	0.47473		2.15	2.4	
27	4	11.59	0.653	0.47473		2.1	2.36	
28	4	12.98	0.686	0.47473		2.02	2.3	
29	4	14.47	0.724	0.47473		1.9	2.2	
30	4	16.04	0.766	0.47473		1.73	2.05	
31	4	17.65	0.809	0.47473		1.51	1.86	
32	4	19.27	0.853	0.47473		1.24	1.61	
33	4	20.96	0.9	0.47473		0.9	1.3	
34	4	22.74	0.949	0.47473		0.49	0.93	
35	4	24.69	1.002	0.47473		0	0.48	

Dallas

Glenn A. Tobleman, F.S.A., F.C.A.S.
S. Scott Gibson, F.S.A.
Cabe W. Chadick, F.S.A.
Steven D. Bryson, F.S.A.
Michael A. Mayberry, F.S.A.
Gregory S. Wilson, F.C.A.S.
David M. Dillon, F.S.A.
Bonnie S. Albritton, F.S.A.
Brian D. Rankin, F.S.A.
Robert E. Gove, A.S.A.
Alexis M. Bash, A.S.A.
Robert B. Thomas, Jr., F.S.A., C.F.A. (Of Counsel)

**Kansas City**

Gary L. Rose, F.S.A.
Terry M. Long, F.S.A.
David L. Batchelder, A.S.A.
Leon L. Langlitz, F.S.A.
Gary R. McElwain, FLMI
Christopher H. Davis, F.S.A.
Thomas L. Handley, F.S.A.
Anthony G. Proulx, F.S.A.
Karen E. Elsom, F.S.A.

London

Roger K. Annin, F.S.A.
Timothy A. DeMars, F.S.A.
Scott E. Morrow, F.S.A.

January 19, 2009

Re: Filing Authorization
T. Allen Park & Associates, Inc.
9441 LBJ Freeway, Suite 102
Dallas, TX 75074

Re: Central United Life Insurance Company

To Whom It May Concern:

I hereby authorize Suzanne Heasley and Vicki Rowe to submit state filings of insurance forms/rates/products on behalf of Lewis & Ellis, Inc. regarding the Central United Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Lewis & Ellis, Inc.

A handwritten signature in dark ink, reading 'David M. Dillon'. The signature is written in a cursive style and is positioned above a horizontal line.

David M. Dillon, FSA, MAAA
Vice President & Principal
Lewis & Ellis, Inc.

CENTRAL UNITED LIFE

January 12, 2009

Filing Authorization
Lewis & Ellis, Inc.
2929 N. Central Expressway, Suite 200
P.O. Box 851857

RE: Central United Life Insurance Company

To Whom It May Concern:

We hereby authorize Lewis & Ellis, Inc. to submit state filings of insurance forms/rates/products on behalf of Central United Life Insurance Company.

This authorization includes the power to provide necessary assurances and certifications related to such forms, rates and or products except as prohibited by law.

This authorization is to be effective until revoked in writing by an authorized representative of Central United Life Insurance Company.

Sincerely,

CENTRAL UNITED LIFE INSURANCE COMPANY



Signature of Company Officer/Representative

SERFF Tracking Number: TAPK-126255909 State: Arkansas
Filing Company: Central United Life Insurance Company State Tracking Number: 43137
Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: Accidental Death
Project Name/Number: /

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/13/2009	Form	Outline of Coverage	08/15/2009	ADB09 OC final.pdf (Superseded)
08/05/2009	Form	Outline of Coverage	08/13/2009	
08/15/2009	Form	Accidental Death Policy	08/31/2009	ADB09 policy AR.pdf (Superseded)
08/13/2009	Form	Accidental Death Policy	08/15/2009	ADB09 policy final.pdf (Superseded)
08/05/2009	Form	Accidental Death Policy	08/13/2009	ADB09 policy.pdf (Superseded)

CENTRAL UNITED LIFE INSURANCE COMPANY

10700 Northwest Freeway
Houston, Texas 77092

ACCIDENTAL DEATH BENEFIT POLICY POLICY FORM ADB-09

REQUIRED OUTLINE OF COVERAGE

PARAGRAPH 1

Read your Policy Carefully. This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY.**

PARAGRAPH 2

The policy is designed to provide you with coverage for death resulting from a covered accident only. Coverage is provided for the benefits outlined in paragraph (3). The benefits described in paragraph (3) may be limited by paragraph (4).

PARAGRAPH 3

BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while the policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

PARAGRAPH 4

EXCLUSIONS AND LIMITATIONS

Benefits will not be paid under the policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;
- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

PARAGRAPH 5**RENEWABILITY**

The policy is Guaranteed Renewable to the policy anniversary following the Insured's 70th birthday.

PARAGRAPH 6**PREMIUM**

Your premium for the policy is \$_____ annually. If your premium is not annual, it is \$_____for_____ months. The Policy provides a 31-day grace period during which period the Policy will remain in force. Premiums are subject to change.

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Home Office: Little Rock, Arkansas

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092

(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at 10700 Northwest Freeway, Houston, TX 77092 within 10 days if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

INSURING CLAUSE

In consideration for payment of premiums, the Company hereby insures the persons shown on the application (a copy of which is attached hereto) and named in the Policy Schedule against specified losses as hereinafter defined, subject to all provisions of this Policy, including but not limited to, the benefits, Effective Date and exclusions hereafter set forth.

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY

If the Owner is not satisfied with this Policy for any reason, it may be returned to the Company at its address above, or to the Agent through whom it was purchased, within 10 days after receipt, and the Company will refund all premiums paid. In this event, this Policy shall be void from inception, and the Owner and the Company shall both be restored to the same position as if no Policy has been issued.

RENEWAL PROVISION

This Policy is guaranteed renewable to the anniversary following the Insured's 70th birthday by the timely payment of premiums. It must be paid on or before its due date or within the 31 days that follow. When an Insured's coverage terminates at such age, coverage for other Covered Person's, if any, shall continue under this Policy. The payment of a premium will not continue this Policy in force beyond the next premium due date.

IN WITNESS whereof CENTRAL UNITED LIFE INSURANCE COMPANY has caused this contract to be executed at its Home Office in Little Rick, Arkansas, as of the Effective Date shown.



Secretary



President

TABLE OF CONTENTS

POLICY SCHEDULE	Page 3
DEFINITIONS	Page 4
PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY	Page 4
BENEFITS	Page 5
EXCLUSIONS	Page 5
TERMINATION	Page 5
GENERAL PROVISIONS	Page 5
SETTLEMENT OPTIONS	Page 6

POLICY SCHEDULE

Owner:

Insured:

Age:

Spouse:

Effective Date:

Premium:

Annual
Semi-Annual
Quarterly
Monthly

Reinstatement Interest Rate: 6%

[Waiver of Premium Rider]

Policy Fee: [\$25.00]

Policy Number:

Sex:

Monthly Income Benefit Amount:

Number of Months Payable: [60; 120]

Lump Sum Settlement Amount:

Expiry Date:

Annual Premium:

SECTION I - DEFINITIONS

In this Policy:

"We," "Us", "Our" and "the Company" mean Central United Life Insurance Company.

"You", "Your" and "Insured" mean the primary Insured covered under this Policy.

"Covered Person" means the Insured and his or her spouse covered under this Policy.

"Owner" means the person who has the right to change the Beneficiary and to exercise all rights under this Policy. The Owner may be someone other than the Insured and is shown on the Policy Schedule.

"Effective Date" means the date on which coverage under this Policy begins. The Effective Date is shown on the Policy Schedule.

"Injury" means accidental bodily Injury which is the direct cause of loss, independent of disease. The Injury must be sustained after the Effective Date of this Policy and while this Policy is in force. "Injury" includes all injuries as a result of one accident. Loss resulting from: (a) sickness or disease, except pyogenic infections incurred through an accidental cut or wound; or (b) medical or surgical treatment of a sickness or disease is not considered as resulting from Injury.

"Written Request" means any form provided by Us for the particular request.

"Policy Schedule" means page 3 of this Policy.

SECTION II - PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY

Premiums - To keep this Policy in force, premiums must be paid on or before the due date. All premiums must be paid at Our Administrative Office or to an Agent or cashier authorized by us. We will issue a receipt on request. The initial premium is due on or before the Effective Date. Subsequent premiums are payable while You are living and within the Grace Period, but not beyond the Expiry Date. If any premium remains unpaid after the Grace Period, this Policy will lapse. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The frequency of premium payment may be changed on any policy anniversary to any other frequency shown on Page 3.

We may change the premium rates for this Policy. We cannot change the premium rates unless We change them for this Policy form for every Insured in a state in the same class. If We change the premium rates, We will notify the Owner at least 45 days before the change becomes effective. We will notify the Owner at his or her last known address according to Our records.

Grace Period - We will allow a period of 31 days after the premium due date for payment of each premium after the first. During the Grace Period, no interest will be charged on the premium due. If You die during the Grace Period before the premium is paid, the portion of the premium required to provide insurance from the premium due date to the date of Your death will be deducted from the proceeds of this Policy.

Effective Date - The Effective Date will be used to determine the premium due dates, policy anniversaries and policy years. The Effective Date is shown on Page 3.

Reinstatement of a Lapsed Policy - If this Policy lapses, it may be reinstated subject to the following conditions:

1. An application for reinstatement must be completed by You and the Owner within 5 years of the date of lapse and before the Expiry Date.
2. Proof at Your own expense of continued insurability by Our standards must be given.
3. You must pay all premiums due at the rate of interest specified in the Policy Schedule at the time of reinstatement.
4. The reinstated Policy will be incontestable after it has been in force during Your lifetime for two years from the date of reinstatement. Any contest to the reinstated policy will be based on fraudulent misstatements made in the application for reinstatement.

SECTION III - BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

In addition, upon the death of the Covered Person, We will pay in a lump sum no later than 30 days after We receive proof of the Covered Person's Death, any premiums paid under this Policy for any period beyond the end of the policy month in which the Covered Person's death occurred.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while this Policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

SECTION IV - EXCLUSIONS

Benefits will not be paid under this Policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;
- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

SECTION V - TERMINATION

This Policy will continue in force to the first to occur of the following: (a) the anniversary following the Insured's 70th birthday; (b) the end of any grace period during which the required premium has not been paid; or (c) the date the Owner requests that this Policy be terminated.

In the event of death of the Insured, the spouse if a Covered Person shall automatically become the Insured.

Coverage under this Policy for the spouse will terminate on the first to occur of the following: (a) the anniversary following the spouse's 70th birthday; (b) the end of the term during which the spouse becomes divorced or legally separated from the Insured; or (c) the date this Policy terminates.

The spouse shall be eligible for a conversion policy at attained age and without evidence of insurability, then in use by the Company which most closely approximates the coverage provided by this Policy. Written request for conversion and payment of the first premium must be made within 31 days after termination of insurance under this Policy.

SECTION VI - GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES. This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. Statements in the application will, in the absence of fraud, be deemed representations and not warranties. No change in this Policy shall be valid until approved by an executive officer of ours and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

INCONTESTABILITY. We cannot contest this Policy, except for non-payment of premiums, after it has been in force during the

Insured's lifetime for 2 years from either the Effective Date, or if reinstated, the date of reinstatement.

PHYSICAL EXAMINATION AND AUTOPSY. We may, at Our own expense, have the Covered Person examined as often as reasonably necessary while a claim is pending and may have an autopsy made unless prohibited by law.

OWNER OF THIS POLICY. You are the Owner of this Policy unless a different Owner is stated on the Policy Schedule. If a different Owner is stated, such designation will remain in effect until the Owner changes it. If the Owner dies before You, the ownership rights belong to his or her estate. During Your lifetime, only the Owner will be entitled to the rights granted by this Policy.

CHANGE OF BENEFICIARY. The Owner may change the Beneficiary by filing a written notice with Us. A change of Beneficiary will not be effective until We record it at Our Administrative Office. When recorded, even if You are not then living, the change will take effect on the date the notice was signed. Any proceeds paid before We record a change of Beneficiary will not be subject to change. An irrevocable Beneficiary may not be changed without that Beneficiary's written request.

LEGAL ACTION. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of ten years after the time written proof of loss is required to be furnished.

MISSTATEMENT OF AGE OR SEX. If a Covered Person's age or sex has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age or sex.

If, because of misstatement of a Covered Person's age, We accept any premium which falls due on a date when, according to the correct age, coverage under this Policy would not have been issued or the coverage under this Policy for such Covered Person would have ceased, then Our liability shall be limited to the refund, upon request, of all premiums paid for the period not covered by this Policy.

CONFORMITY WITH STATE STATUTES. Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state to which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

NONPARTICIPATION. This Policy shall not participate in Our surplus.

ASSIGNMENT. An assignment of this Policy will not be binding on Us unless it is in writing and filed with Us at Our Administrative Office. We will not be responsible for the legal effect of any assignment.

GENDER. Pronouns of masculine gender apply in this Policy to persons of either sex unless the context indicates otherwise.

SECTION VII - SETTLEMENT OPTIONS

GENERAL POLICY SETTLEMENT PROVISIONS

CHOOSING AN OPTIONAL METHOD OF SETTLEMENT. At any time before the Covered Person's death, an optional method of Policy settlement may be chosen. If the Covered Person dies and an option has not yet been chosen, then the payee may choose an option. We must receive Written Notice informing Us of the option chosen. If the payee is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

PAYEE. The Beneficiary is the payee of the Policy proceeds at the Covered Person's death; any contingent Beneficiary is the contingent payee. If the Beneficiary is revocable, then the payee is also revocable. The interest of any Beneficiary who dies before the Covered Person will terminate at his death. If the interest of all designated Beneficiaries has terminated, all proceeds will be paid to the Owner of this Policy. If the Owner is not living at that time, all proceeds will be paid to the Owner's estate. If any Beneficiary dies within 15 days of Your death, We will pay the proceeds as though that Beneficiary died before You.

FREQUENCY OF PAYMENTS. If Option 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

FIRST PAYMENT. Depending on the frequency of payments specified, the first payment under Option 2 is payable 1 year, 6 months, 3 months or 1 month from the date of the Covered Person's death. The first payment under any other option is payable on the date of the Covered Person's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will

pay the larger amount as the benefit under the option. We will furnish this amount upon request.

DEATH OF PAYEE. At the payee's death, We will pay the amounts below in one sum to the payee's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 2, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 3, 4 or 5, the commuted value of the amount payable at the payee's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the payee's death.

PROTECTION AGAINST CREDITORS. Unless provided otherwise at the time an option is chosen, the payee may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

SETTLEMENT AGREEMENT. In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

ADDITIONAL INTEREST EARNINGS. We may pay interest earnings beyond those guaranteed in Options 2 and 3. If We do, We will determine the amount of the additional interest earnings and how they are paid.

OPTIONAL METHODS OF POLICY SETTLEMENT

OPTION 1 - LUMP SUM SETTLEMENT. We will pay the Lump Sum Settlement Amount to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person.

OPTION 2 - INTEREST PAYMENTS. We will hold the Policy proceeds as principal and pay the interest to the payee. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. At the death of the payee, We will make payment as stated in "Death of Payee."

OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD. We will pay the Policy proceeds in equal installments to the payee for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 of Lump Sum Settlement Amount applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the payee dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Payee."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$ 67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

OPTION 4 - LIFE ANNUITY. We will pay equal monthly installments to the payee for as long as he lives. The amount of each installment for each \$1, 000 of Lump Sum Settlement Amount applied under this option is shown in the table below. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Monthly Life Annuity		Age* of Payee	Monthly Life Annuity	
	Male	Female		Male	Female
16 and under			51	\$4.15	\$3.89
17	\$2.92	\$2.85	52	4.22	3.95
18	2.94	2.87	53	4.30	4.01
19	2.95	2.88	54	4.38	4.08
20	2.97	2.90	55	4.46	4.15
21	2.99	2.91	56	4.55	4.23
22	3.00	2.93	57	4.65	4.31
23	3.02	2.94	58	4.75	4.40
24	3.04	2.96	59	4.86	4.49
25	3.06	2.97	60	4.98	4.59
26	3.08	2.99	61	5.10	4.69
27	3.10	3.01	62	5.23	4.80
28	3.13	3.03	63	5.37	4.92
29	3.15	3.05	64	5.52	5.04
30	3.17	3.07	65	5.69	5.18
31	3.20	3.09	66	5.86	5.32
32	3.23	3.12	67	6.04	5.47
33	3.26	3.14	68	6.24	5.64
34	3.28	3.17	69	6.45	5.82
35	3.32	3.19	70	6.67	6.01
36	3.35	3.22	71	6.90	6.21
37	3.38	3.25	72	7.16	6.44
38	3.42	3.28	73	7.43	6.68
39	3.46	3.31	74	7.71	6.94
40	3.50	3.34	75	8.02	7.22
41	3.54	3.38	76	8.35	7.52
42	3.58	3.41	77	8.70	7.85
43	3.63	3.45	78	9.08	8.21
44	3.67	3.49	79	9.48	8.60
45	3.72	3.53	80	9.91	9.02
46	3.78	3.57	81	10.37	9.47
47	3.83	3.62	82	10.86	9.96
48	3.89	3.67	83	11.38	10.50
49	3.95	3.72	84	11.94	11.07
50	4.01	3.77	85	12.54	11.69
	4.08	3.83			

*Use the payee's age on the date of the Covered Person's death.

OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN. We will pay equal monthly installments to the payee for as long as he lives with a period certain of 10 years. If the payee dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Payee." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 of Lump Sum Settlement Amount applied under this option. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain		Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.11	\$3.87
17	2.93	2.87	52	4.18	3.93
18	2.95	2.88	53	4.25	3.99
19	2.97	2.89	54	4.33	4.06
20	2.98	2.91	55	4.41	4.13
21	3.00	2.92	56	4.49	4.20
22	3.02	2.94	57	4.58	4.28
23	3.04	2.96	58	4.68	4.36
24	3.06	2.97	59	4.78	4.45
25	3.08	2.99	60	4.88	4.54
26	3.10	3.01	61	4.99	4.63
27	3.12	3.03	62	5.10	4.73
28	3.15	3.05	63	5.23	4.84
29	3.17	3.07	64	5.35	4.95
30	3.20	3.09	65	5.48	5.07
31	3.22	3.11	66	5.62	5.20
32	3.25	3.14	67	5.77	5.33
33	3.28	3.16	68	5.92	5.47
34	3.31	3.19	69	6.07	5.62
35	3.34	3.22	70	6.23	5.78
36	3.38	3.24	71	6.39	5.94
37	3.41	3.27	72	6.56	6.11
38	3.45	3.30	73	6.73	6.29
39	3.49	3.34	74	6.90	6.48
40	3.53	3.37	75	7.08	6.67
41	3.57	3.41	76	7.25	6.86
42	3.62	3.44	77	7.43	7.06
43	3.66	3.48	78	7.61	7.26
44	3.71	3.52	79	7.78	7.46
45	3.76	3.57	80	7.95	7.66
46	3.81	3.61	81	8.11	7.86
47	3.87	3.66	82	8.27	8.05
48	3.92	3.71	83	8.42	8.23
49	3.98	3.76	84	8.56	8.40
50	4.05	3.81	85	8.69	8.55

*Use the payee's age on the date of the Covered Person's death.

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092
(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Home Office: Little Rock, Arkansas

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092
(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at 10700 Northwest Freeway, Houston, TX 77092 within 10 days if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

INSURING CLAUSE

In consideration for payment of premiums, the Company hereby insures the persons shown on the application (a copy of which is attached hereto) and named in the Policy Schedule against specified losses as hereinafter defined, subject to all provisions of this Policy, including but not limited to, the benefits, Effective Date and exclusions hereafter set forth.

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY

If the Owner is not satisfied with this Policy for any reason, it may be returned to the Company at its address above, or to the Agent through whom it was purchased, within 10 days after receipt, and the Company will refund all premiums paid. In this event, this Policy shall be void from inception, and the Owner and the Company shall both be restored to the same position as if no Policy has been issued.

RENEWAL PROVISION

This Policy is guaranteed renewable to the anniversary following the Insured's 70th birthday by the timely payment of premiums. It must be paid on or before its due date or within the 31 days that follow. When an Insured's coverage terminates at such age, coverage for other Covered Person's, if any, shall continue under this Policy. The payment of a premium will not continue this Policy in force beyond the next premium due date.

IN WITNESS whereof CENTRAL UNITED LIFE INSURANCE COMPANY has caused this contract to be executed at its Home Office in Little Rick, Arkansas, as of the Effective Date shown.



Secretary



President

TABLE OF CONTENTS

POLICY SCHEDULE	Page 3
DEFINITIONS	Page 4
PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY	Page 4
BENEFITS	Page 5
EXCLUSIONS	Page 5
TERMINATION	Page 5
GENERAL PROVISIONS	Page 5
SETTLEMENT OPTIONS	Page 6

POLICY SCHEDULE

Owner:

Insured:

Age:

Spouse:

Effective Date:

Premium:

Annual
Semi-Annual
Quarterly
Monthly

Reinstatement Interest Rate: 6%

[Waiver of Premium Rider]

Policy Fee: [\$25.00]

Policy Number:

Sex:

Monthly Income Benefit Amount:

Number of Months Payable: [60; 120]

Lump Sum Settlement Amount:

Expiry Date:

Annual Premium:

SECTION I - DEFINITIONS

In this Policy:

"We," "Us", "Our" and "the Company" mean Central United Life Insurance Company.

"You", "Your" and "Insured" mean the primary Insured covered under this Policy.

"Covered Person" means the Insured and his or her spouse covered under this Policy.

"Owner" means the person who has the right to change the Beneficiary and to exercise all rights under this Policy. The Owner may be someone other than the Insured and is shown on the Policy Schedule.

"Effective Date" means the date on which coverage under this Policy begins. The Effective Date is shown on the Policy Schedule.

"Injury" means accidental bodily Injury which is the direct cause of loss, independent of disease. The Injury must be sustained after the Effective Date of this Policy and while this Policy is in force. "Injury" includes all injuries as a result of one accident. Loss resulting from: (a) sickness or disease, except pyogenic infections incurred through an accidental cut or wound; or (b) medical or surgical treatment of a sickness or disease is not considered as resulting from Injury.

"Written Request" means any form provided by Us for the particular request.

"Policy Schedule" means page 3 of this Policy.

SECTION II - PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY

Premiums - To keep this Policy in force, premiums must be paid on or before the due date. All premiums must be paid at Our Administrative Office or to an Agent or cashier authorized by us. We will issue a receipt on request. The initial premium is due on or before the Effective Date. Subsequent premiums are payable while You are living and within the Grace Period, but not beyond the Expiry Date. If any premium remains unpaid after the Grace Period, this Policy will lapse. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The frequency of premium payment may be changed on any policy anniversary to any other frequency shown on Page 3.

We may change the premium rates for this Policy. We cannot change the premium rates unless We change them for this Policy form for every Insured in a state in the same class. If We change the premium rates, We will notify the Owner at least 45 days before the change becomes effective. We will notify the Owner at his or her last known address according to Our records.

Grace Period - We will allow a period of 31 days after the premium due date for payment of each premium after the first. During the Grace Period, no interest will be charged on the premium due. If You die during the Grace Period before the premium is paid, the portion of the premium required to provide insurance from the premium due date to the date of Your death will be deducted from the proceeds of this Policy.

Effective Date - The Effective Date will be used to determine the premium due dates, policy anniversaries and policy years. The Effective Date is shown on Page 3.

Reinstatement of a Lapsed Policy - If this Policy lapses, it may be reinstated subject to the following conditions:

1. An application for reinstatement must be completed by You and the Owner within 5 years of the date of lapse and before the Expiry Date.
2. Proof at Your own expense of continued insurability by Our standards must be given.
3. You must pay all premiums due at the rate of interest specified in the Policy Schedule at the time of reinstatement.
4. The reinstated Policy will be incontestable after it has been in force during Your lifetime for two years from the date of reinstatement. Any contest to the reinstated policy will be based on fraudulent misstatements made in the application for reinstatement.

SECTION III - BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while this Policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

SECTION IV - EXCLUSIONS

Benefits will not be paid under this Policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant, including alcohol, or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;
- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

SECTION V - TERMINATION

This Policy will continue in force to the first to occur of the following: (a) the anniversary following the Insured's 70th birthday; (b) the end of any grace period during which the required premium has not been paid; or (c) the date the Owner requests that this Policy be terminated.

In the event of death of the Insured, the spouse if a Covered Person shall automatically become the Insured.

Coverage under this Policy for the spouse will terminate on the first to occur of the following: (a) the anniversary following the spouse's 70th birthday; (b) the end of the term during which the spouse becomes divorced or legally separated from the Insured; or (c) the date this Policy terminates.

The spouse shall be eligible for a conversion policy at attained age and without evidence of insurability, then in use by the Company which most closely approximates the coverage provided by this Policy. Written request for conversion and payment of the first premium must be made within 31 days after termination of insurance under this Policy.

SECTION VI - GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES. This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. Statements in the application will, in the absence of fraud, be deemed representations and not warranties. No change in this Policy shall be valid until approved by an executive officer of ours and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

INCONTESTABILITY. We cannot contest this Policy, except for non-payment of premiums, after it has been in force during the Insured's lifetime for 2 years from either the Effective Date, or if reinstated, the date of reinstatement.

PHYSICAL EXAMINATION AND AUTOPSY. We may, at Our own expense, have the Covered Person examined as often as reasonably necessary while a claim is pending and may have an autopsy made unless prohibited by law.

OWNER OF THIS POLICY. You are the Owner of this Policy unless a different Owner is stated on the Policy Schedule. If a different Owner is stated, such designation will remain in effect until the Owner changes it. If the Owner dies before You, the ownership rights belong to his or her estate. During Your lifetime, only the Owner will be entitled to the rights granted by this Policy.

CHANGE OF BENEFICIARY. The Owner may change the Beneficiary by filing a written notice with Us. A change of Beneficiary will not be effective until We record it at Our Administrative Office. When recorded, even if You are not then living, the change will take effect on the date the notice was signed. Any proceeds paid before We record a change of Beneficiary will not be subject to change. An irrevocable Beneficiary may not be changed without that Beneficiary's written request.

LEGAL ACTION. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of ten years after the time written proof of loss is required to be furnished.

MISSTATEMENT OF AGE OR SEX. If a Covered Person's age or sex has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age or sex.

If, because of misstatement of a Covered Person's age, We accept any premium which falls due on a date when, according to the correct age, coverage under this Policy would not have been issued or the coverage under this Policy for such Covered Person would have ceased, then Our liability shall be limited to the refund, upon request, of all premiums paid for the period not covered by this Policy.

CONFORMITY WITH STATE STATUTES. Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state to which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

NONPARTICIPATION. This Policy shall not participate in Our surplus.

ASSIGNMENT. An assignment of this Policy will not be binding on Us unless it is in writing and filed with Us at Our Administrative Office. We will not be responsible for the legal effect of any assignment.

GENDER. Pronouns of masculine gender apply in this Policy to persons of either sex unless the context indicates otherwise.

SECTION VII - SETTLEMENT OPTIONS

GENERAL POLICY SETTLEMENT PROVISIONS

CHOOSING AN OPTIONAL METHOD OF SETTLEMENT. At any time before the Covered Person's death, an optional method of Policy settlement may be chosen. If the Covered Person dies and an option has not yet been chosen, then the payee may choose an option. We must receive Written Notice informing Us of the option chosen. If the payee is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

PAYEE. The Beneficiary is the payee of the Policy proceeds at the Covered Person's death; any contingent Beneficiary is the contingent payee. If the Beneficiary is revocable, then the payee is also revocable. The interest of any Beneficiary who dies before the Covered Person will terminate at his death. If the interest of all designated Beneficiaries has terminated, all proceeds will be paid to the Owner of this Policy. If the Owner is not living at that time, all proceeds will be paid to the Owner's estate. If any Beneficiary dies within 15 days of Your death, We will pay the proceeds as though that Beneficiary died before You.

FREQUENCY OF PAYMENTS. If Option 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

FIRST PAYMENT. Depending on the frequency of payments specified, the first payment under Option 2 is payable 1 year, 6 months, 3 months or 1 month from the date of the Covered Person's death. The first payment under any other option is payable on the date of the Covered Person's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will pay the larger amount as the benefit under the option. We will furnish this amount upon request.

DEATH OF PAYEE. At the payee's death, We will pay the amounts below in one sum to the payee's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 2, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 3, 4 or 5, the commuted value of the amount payable at the payee's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the payee's death.

PROTECTION AGAINST CREDITORS. Unless provided otherwise at the time an option is chosen, the payee may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

SETTLEMENT AGREEMENT. In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

ADDITIONAL INTEREST EARNINGS. We may pay interest earnings beyond those guaranteed in Options 2 and 3. If We do, We will determine the amount of the additional interest earnings and how they are paid.

OPTIONAL METHODS OF POLICY SETTLEMENT

OPTION 1 - LUMP SUM SETTLEMENT. We will pay the Lump Sum Settlement Amount to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person.

OPTION 2 - INTEREST PAYMENTS. We will hold the Policy proceeds as principal and pay the interest to the payee. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. At the death of the payee, We will make payment as stated in "Death of Payee."

OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD. We will pay the Policy proceeds in equal installments to the payee for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 of Lump Sum Settlement Amount applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the payee dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Payee."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$ 67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

OPTION 4 - LIFE ANNUITY. We will pay equal monthly installments to the payee for as long as he lives. The amount of each installment for each \$1, 000 of Lump Sum Settlement Amount applied under this option is shown in the table below. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Monthly Life Annuity		Age* of Payee	Monthly Life Annuity	
	Male	Female		Male	Female
16 and under			51	\$4.15	\$3.89
17	\$2.92	\$2.85	52	4.22	3.95
18	2.94	2.87	53	4.30	4.01
19	2.95	2.88	54	4.38	4.08
20	2.97	2.90	55	4.46	4.15
21	2.99	2.91	56	4.55	4.23
22	3.00	2.93	57	4.65	4.31
23	3.02	2.94	58	4.75	4.40
24	3.04	2.96	59	4.86	4.49
25	3.06	2.97	60	4.98	4.59
26	3.08	2.99	61	5.10	4.69
27	3.10	3.01	62	5.23	4.80
28	3.13	3.03	63	5.37	4.92
29	3.15	3.05	64	5.52	5.04
30	3.17	3.07	65	5.69	5.18
31	3.20	3.09	66	5.86	5.32
32	3.23	3.12	67	6.04	5.47
33	3.26	3.14	68	6.24	5.64
34	3.28	3.17	69	6.45	5.82
35	3.32	3.19	70	6.67	6.01
36	3.35	3.22	71	6.90	6.21
37	3.38	3.25	72	7.16	6.44
38	3.42	3.28	73	7.43	6.68
39	3.46	3.31	74	7.71	6.94
40	3.50	3.34	75	8.02	7.22
41	3.54	3.38	76	8.35	7.52
42	3.58	3.41	77	8.70	7.85
43	3.63	3.45	78	9.08	8.21
44	3.67	3.49	79	9.48	8.60
45	3.72	3.53	80	9.91	9.02
46	3.78	3.57	81	10.37	9.47
47	3.83	3.62	82	10.86	9.96
48	3.89	3.67	83	11.38	10.50
49	3.95	3.72	84	11.94	11.07
50	4.01	3.77	85	12.54	11.69
	4.08	3.83			

*Use the payee's age on the date of the Covered Person's death.

OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN. We will pay equal monthly installments to the payee for as long as he lives with a period certain of 10 years. If the payee dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Payee." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 of Lump Sum Settlement Amount applied under this option. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain		Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.11	\$3.87
17	2.93	2.87	52	4.18	3.93
18	2.95	2.88	53	4.25	3.99
19	2.97	2.89	54	4.33	4.06
20	2.98	2.91	55	4.41	4.13
21	3.00	2.92	56	4.49	4.20
22	3.02	2.94	57	4.58	4.28
23	3.04	2.96	58	4.68	4.36
24	3.06	2.97	59	4.78	4.45
25	3.08	2.99	60	4.88	4.54
26	3.10	3.01	61	4.99	4.63
27	3.12	3.03	62	5.10	4.73
28	3.15	3.05	63	5.23	4.84
29	3.17	3.07	64	5.35	4.95
30	3.20	3.09	65	5.48	5.07
31	3.22	3.11	66	5.62	5.20
32	3.25	3.14	67	5.77	5.33
33	3.28	3.16	68	5.92	5.47
34	3.31	3.19	69	6.07	5.62
35	3.34	3.22	70	6.23	5.78
36	3.38	3.24	71	6.39	5.94
37	3.41	3.27	72	6.56	6.11
38	3.45	3.30	73	6.73	6.29
39	3.49	3.34	74	6.90	6.48
40	3.53	3.37	75	7.08	6.67
41	3.57	3.41	76	7.25	6.86
42	3.62	3.44	77	7.43	7.06
43	3.66	3.48	78	7.61	7.26
44	3.71	3.52	79	7.78	7.46
45	3.76	3.57	80	7.95	7.66
46	3.81	3.61	81	8.11	7.86
47	3.87	3.66	82	8.27	8.05
48	3.92	3.71	83	8.42	8.23
49	3.98	3.76	84	8.56	8.40
50	4.05	3.81	85	8.69	8.55

*Use the payee's age on the date of the Covered Person's death.

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092
(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Home Office: Little Rock, Arkansas

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092

(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY

IMPORTANT NOTICE

Please read the copy of the application attached to this Policy. Carefully check the application and write to the Company at 10700 Northwest Freeway, Houston, TX 77092 within 10 days if any information shown on it is not correct and complete, or if any past medical history has been left out of the application. The application is part of this Policy and this Policy was issued on the basis that the answers to all questions and the information shown on the application are correct and complete.

INSURING CLAUSE

In consideration for payment of premiums, the Company hereby insures the persons shown on the application (a copy of which is attached hereto) and named in the Policy Schedule against specified losses as hereinafter defined, subject to all provisions of this Policy, including but not limited to, the benefits, Effective Date and exclusions hereafter set forth.

NOTICE OF 10 DAY RIGHT TO EXAMINE POLICY

If the Owner is not satisfied with this Policy for any reason, it may be returned to the Company at its address above, or to the Agent through whom it was purchased, within 10 days after receipt, and the Company will refund all premiums paid. In this event, this Policy shall be void from inception, and the Owner and the Company shall both be restored to the same position as if no Policy has been issued.

RENEWAL PROVISION

This Policy is guaranteed renewable to the anniversary following the Insured's 70th birthday by the timely payment of premiums. It must be paid on or before its due date or within the 31 days that follow. When an Insured's coverage terminates at such age, coverage for other Covered Person's, if any, shall continue under this Policy. The payment of a premium will not continue this Policy in force beyond the next premium due date.

IN WITNESS whereof CENTRAL UNITED LIFE INSURANCE COMPANY has caused this contract to be executed at its Home Office in Little Rick, Arkansas, as of the Effective Date shown.



Secretary



President

TABLE OF CONTENTS

POLICY SCHEDULE	Page 3
DEFINITIONS	Page 4
PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY	Page 4
BENEFITS	Page 5
EXCLUSIONS	Page 5
TERMINATION	Page 5
GENERAL PROVISIONS	Page 5
SETTLEMENT OPTIONS	Page 6

POLICY SCHEDULE

Owner:

Insured:

Age:

Spouse:

Effective Date:

Premium:

Annual
Semi-Annual
Quarterly
Monthly

Reinstatement Interest Rate: 6%

[Waiver of Premium Rider]

Policy Fee: [\$25.00]

Policy Number:

Sex:

Monthly Income Benefit Amount:

Number of Months Payable: [60; 120]

Lump Sum Settlement Amount:

Expiry Date:

Annual Premium:

SECTION I - DEFINITIONS

In this Policy:

"We," "Us", "Our" and "the Company" mean Central United Life Insurance Company.

"You", "Your" and "Insured" mean the primary Insured covered under this Policy.

"Covered Person" means the Insured and his or her spouse covered under this Policy.

"Owner" means the person who has the right to change the Beneficiary and to exercise all rights under this Policy. The Owner may be someone other than the Insured and is shown on the Policy Schedule.

"Effective Date" means the date on which coverage under this Policy begins. The Effective Date is shown on the Policy Schedule.

"Injury" means accidental bodily Injury which is the direct cause of loss, independent of disease. The Injury must be sustained after the Effective Date of this Policy and while this Policy is in force. "Injury" includes all injuries as a result of one accident. Loss resulting from: (a) sickness or disease, except pyogenic infections incurred through an accidental cut or wound; or (b) medical or surgical treatment of a sickness or disease is not considered as resulting from Injury.

"Written Request" means any form provided by Us for the particular request.

"Policy Schedule" means page 3 of this Policy.

SECTION II - PREMIUM PAYMENT AND REINSTATEMENT OF LAPSED POLICY

Premiums - To keep this Policy in force, premiums must be paid on or before the due date. All premiums must be paid at Our Administrative Office or to an Agent or cashier authorized by us. We will issue a receipt on request. The initial premium is due on or before the Effective Date. Subsequent premiums are payable while You are living and within the Grace Period, but not beyond the Expiry Date. If any premium remains unpaid after the Grace Period, this Policy will lapse. If a part of the premium ceases to be payable under the provisions of a rider, the premium will be reduced accordingly. The frequency of premium payment may be changed on any policy anniversary to any other frequency shown on Page 3.

We may change the premium rates for this Policy. We cannot change the premium rates unless We change them for this Policy form for every Insured in a state in the same class. If We change the premium rates, We will notify the Owner at least 45 days before the change becomes effective. We will notify the Owner at his or her last known address according to Our records.

Grace Period - We will allow a period of 31 days after the premium due date for payment of each premium after the first. During the Grace Period, no interest will be charged on the premium due. If You die during the Grace Period before the premium is paid, the portion of the premium required to provide insurance from the premium due date to the date of Your death will be deducted from the proceeds of this Policy.

Effective Date - The Effective Date will be used to determine the premium due dates, policy anniversaries and policy years. The Effective Date is shown on Page 3.

Reinstatement of a Lapsed Policy - If this Policy lapses, it may be reinstated subject to the following conditions:

1. An application for reinstatement must be completed by You and the Owner within 5 years of the date of lapse and before the Expiry Date.
2. Proof at Your own expense of continued insurability by Our standards must be given.
3. You must pay all premiums due at the rate of interest specified in the Policy Schedule at the time of reinstatement.
4. The reinstated Policy will be incontestable after it has been in force during Your lifetime for two years from the date of reinstatement. Any contest to the reinstated policy will be based on fraudulent misstatements made in the application for reinstatement.

SECTION III - BENEFITS

We will pay the first Monthly Income Benefit Amount, shown in the Policy Schedule, to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person. This Monthly Income Benefit Amount will continue to be paid on a monthly basis for the Number of Months Payable shown in the Policy Schedule. The Monthly Income Benefit Amount is calculated at an interest rate of 3% per year, compounded monthly. We may pay interest earnings in addition to this guaranteed rate. If We do, We will determine the amount of the additional interest and how it is to be paid.

Accidental death of the Covered Person must: (a) result from Injury, directly and independently of all other causes; (b) occur within 90 days after the date of the Injury; (c) result from Injury that occurs while this Policy is in force; and (d) result from Injury which occurs prior to the anniversary following the Covered Person's 70th birthday.

SECTION IV - EXCLUSIONS

Benefits will not be paid under this Policy when the death of the Covered Person results from:

- a) suicide whether sane or insane;
- b) intentional self-inflicted Injury whether sane or insane;
- c) any act or incident of war or service in the armed forces of any country at war, whether such war is declared or undeclared;
- d) commission of, or attempt to commit, an assault or a felony;
- e) active participation in a riot or insurrection;
- f) the voluntary taking of any intoxicant or controlled substance unless prescribed by a physician;
- g) the voluntary inhalation, absorption, taking or administration of any poison, gas or fumes;
- h) mountaineering, parachuting, hang-gliding, sail-gliding, or bungee jumping;
- i) practicing for or participating in any high school, college, semi-professional competitive athletic contest or participating in any sport or hazardous activity for wage, compensation, or profit, or racing any type boat or vehicle in any race or speed test, stunt exhibition, or while testing any vehicle on any race track or speedway;
- j) travel in or descent from any kind of aircraft except as a commercial, fare-paying passenger; or
- k) bodily or mental infirmity, illness or disease or medical or surgical treatment therefor, except infection which occurs as a result of accidental Injury.

SECTION V - TERMINATION

This Policy will continue in force to the first to occur of the following: (a) the anniversary following the Insured's 70th birthday; (b) the end of any grace period during which the required premium has not been paid; or (c) the date the Owner requests that this Policy be terminated.

In the event of death of the Insured, the spouse if a Covered Person shall automatically become the Insured.

Coverage under this Policy for the spouse will terminate on the first to occur of the following: (a) the anniversary following the spouse's 70th birthday; (b) the end of the term during which the spouse becomes divorced or legally separated from the Insured; or (c) the date this Policy terminates.

The spouse shall be eligible for a conversion policy at attained age and without evidence of insurability, then in use by the Company which most closely approximates the coverage provided by this Policy. Written request for conversion and payment of the first premium must be made within 31 days after termination of insurance under this Policy.

SECTION VI - GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES. This Policy, including the endorsements and the attached papers, if any, constitutes the entire contract of insurance. Statements in the application will, in the absence of fraud, be deemed representations and not warranties. No change in this Policy shall be valid until approved by an executive officer of ours and unless such approval be endorsed hereon or attached hereto. No agent has authority to change this Policy or to waive any of its provisions.

INCONTESTABILITY. We cannot contest this Policy, except for non-payment of premiums, after it has been in force during the Insured's lifetime for 2 years from either the Effective Date, or if reinstated, the date of reinstatement.

PHYSICAL EXAMINATION AND AUTOPSY. We may, at Our own expense, have the Covered Person examined as often as reasonably necessary while a claim is pending and may have an autopsy made unless prohibited by law.

OWNER OF THIS POLICY. You are the Owner of this Policy unless a different Owner is stated on the Policy Schedule. If a different Owner is stated, such designation will remain in effect until the Owner changes it. If the Owner dies before You, the ownership rights belong to his or her estate. During Your lifetime, only the Owner will be entitled to the rights granted by this Policy.

CHANGE OF BENEFICIARY. The Owner may change the Beneficiary by filing a written notice with Us. A change of Beneficiary will not be effective until We record it at Our Administrative Office. When recorded, even if You are not then living, the change will take effect on the date the notice was signed. Any proceeds paid before We record a change of Beneficiary will not be subject to change. An irrevocable Beneficiary may not be changed without that Beneficiary's written request.

LEGAL ACTION. No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of ten years after the time written proof of loss is required to be furnished.

MISSTATEMENT OF AGE OR SEX. If a Covered Person's age or sex has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age or sex.

If, because of misstatement of a Covered Person's age, We accept any premium which falls due on a date when, according to the correct age, coverage under this Policy would not have been issued or the coverage under this Policy for such Covered Person would have ceased, then Our liability shall be limited to the refund, upon request, of all premiums paid for the period not covered by this Policy.

CONFORMITY WITH STATE STATUTES. Any provision of this Policy which, on its Effective Date, is in conflict with the statutes of the state to which You reside on such date is hereby amended to conform to the minimum requirements of such statutes.

NONPARTICIPATION. This Policy shall not participate in Our surplus.

ASSIGNMENT. An assignment of this Policy will not be binding on Us unless it is in writing and filed with Us at Our Administrative Office. We will not be responsible for the legal effect of any assignment.

GENDER. Pronouns of masculine gender apply in this Policy to persons of either sex unless the context indicates otherwise.

SECTION VII - SETTLEMENT OPTIONS

GENERAL POLICY SETTLEMENT PROVISIONS

CHOOSING AN OPTIONAL METHOD OF SETTLEMENT. At any time before the Covered Person's death, an optional method of Policy settlement may be chosen. If the Covered Person dies and an option has not yet been chosen, then the payee may choose an option. We must receive Written Notice informing Us of the option chosen. If the payee is an executor, administrator, trustee, corporation, partnership or association, the options are available only with Our consent.

PAYEE. The Beneficiary is the payee of the Policy proceeds at the Covered Person's death; any contingent Beneficiary is the contingent payee. If the Beneficiary is revocable, then the payee is also revocable. The interest of any Beneficiary who dies before the Covered Person will terminate at his death. If the interest of all designated Beneficiaries has terminated, all proceeds will be paid to the Owner of this Policy. If the Owner is not living at that time, all proceeds will be paid to the Owner's estate. If any Beneficiary dies within 15 days of Your death, We will pay the proceeds as though that Beneficiary died before You.

FREQUENCY OF PAYMENTS. If Option 2 or 3 is chosen, We will make payments every 1 year, 6 months, 3 months or 1 month. The frequency of payments must be specified at the time the option is chosen. If Option 4 or 5 is chosen, We will make payments every 1 month. If any payment under an option would be less than \$50, We may make payments less frequently so that each payment is at least \$50.

FIRST PAYMENT. Depending on the frequency of payments specified, the first payment under Option 2 is payable 1 year, 6 months, 3 months or 1 month from the date of the Covered Person's death. The first payment under any other option is payable on the date of the Covered Person's death.

If the amount that could be purchased by a single premium of \$1,000 at Our regular annuity rates in effect at the time the first installment is payable is larger than the amount of the first monthly installment for each \$1,000 applied under Option 3, 4 or 5, We will pay the larger amount as the benefit under the option. We will furnish this amount upon request.

DEATH OF PAYEE. At the payee's death, We will pay the amounts below in one sum to the payee's estate, unless We are directed otherwise at the time the option is chosen:

1. Under Option 2, the amount which was left on deposit with Us to accumulate with interest plus any unpaid interest.
2. Under Option 3, 4 or 5, the commuted value of the amount payable at the payee's death as provided under the option chosen. The commuted value will be based on interest at the rate which would have been used to compute the first installment of the installments remaining to be paid at the payee's death.

PROTECTION AGAINST CREDITORS. Unless provided otherwise at the time an option is chosen, the payee may neither commute, anticipate, assign, alienate nor otherwise encumber any payment under an option. Payments under any option are exempt from the claims of creditors and from legal process to the extent the law permits.

SETTLEMENT AGREEMENT. In exchange for this Policy, We will issue a settlement agreement stating the terms of the option chosen.

ADDITIONAL INTEREST EARNINGS. We may pay interest earnings beyond those guaranteed in Options 2 and 3. If We do, We will determine the amount of the additional interest earnings and how they are paid.

OPTIONAL METHODS OF POLICY SETTLEMENT

OPTION 1 - LUMP SUM SETTLEMENT. We will pay the Lump Sum Settlement Amount to the Beneficiary upon receipt of due proof of the accidental death of the Covered Person.

OPTION 2 - INTEREST PAYMENTS. We will hold the Policy proceeds as principal and pay the interest to the payee. The interest rate will be 3% per year compounded annually. We will pay the interest every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. At the death of the payee, We will make payment as stated in "Death of Payee."

OPTION 3 - INSTALLMENTS FOR A SPECIFIED PERIOD. We will pay the Policy proceeds in equal installments to the payee for the number of years specified at the time this option is chosen. Payments will be made every 1 year, 6 months, 3 months or 1 month, as specified at the time this option is chosen. The amount of the equal installments for each \$1,000 of Lump Sum Settlement Amount applied under this option is shown in the following table. These amounts are calculated at an interest rate of 3% per year compounded annually. If the payee dies before the number of years specified ends, We will pay the unpaid installments as stated in "Death of Payee."

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Annual	S.A.		Annual	S.A.		Annual	S.A.
1	\$1,000.00	\$503.70	8	\$138.31	\$ 67.67	15	\$81.33	\$40.96
2	507.39	255.57	9	124.69	62.81	16	77.29	38.93
3	343.23	172.89	10	113.82	57.33	17	73.74	37.14
4	261.19	131.56	11	104.93	52.85	18	70.59	35.56
5	211.99	106.78	12	97.54	49.13	19	67.78	34.14
6	179.22	90.27	13	91.29	45.98	20	65.26	32.87
7	155.83	78.49	14	85.95	43.29			

Number of years Specified	Amount of Installments		Number of Years Specified	Amount of Installments		Number of Years Specified	Amount of Installments	
	Quarterly	Monthly		Quarterly	Monthly		Quarterly	Monthly
1	\$252.78	\$84.47	8	\$34.96	\$11.68	15	\$20.56	\$6.87
2	128.26	42.86	9	31.52	10.53	16	19.54	6.53
3	86.76	28.99	10	28.77	9.61	17	18.64	6.23
4	66.02	22.06	11	26.52	8.86	18	17.84	5.96
5	53.59	17.91	12	24.66	8.24	19	17.13	5.73
6	45.30	15.14	13	23.08	7.71	20	16.50	5.51
7	39.39	13.16	14	21.73	7.26			

OPTION 4 - LIFE ANNUITY. We will pay equal monthly installments to the payee for as long as he lives. The amount of each installment for each \$1, 000 of Lump Sum Settlement Amount applied under this option is shown in the table below. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Monthly Life Annuity		Age* of Payee	Monthly Life Annuity	
	Male	Female		Male	Female
16 and under			51	\$4.15	\$3.89
17	\$2.92	\$2.85	52	4.22	3.95
18	2.94	2.87	53	4.30	4.01
19	2.95	2.88	54	4.38	4.08
20	2.97	2.90	55	4.46	4.15
21	2.99	2.91	56	4.55	4.23
22	3.00	2.93	57	4.65	4.31
23	3.02	2.94	58	4.75	4.40
24	3.04	2.96	59	4.86	4.49
25	3.06	2.97	60	4.98	4.59
26	3.08	2.99	61	5.10	4.69
27	3.10	3.01	62	5.23	4.80
28	3.13	3.03	63	5.37	4.92
29	3.15	3.05	64	5.52	5.04
30	3.17	3.07	65	5.69	5.18
31	3.20	3.09	66	5.86	5.32
32	3.23	3.12	67	6.04	5.47
33	3.26	3.14	68	6.24	5.64
34	3.28	3.17	69	6.45	5.82
35	3.32	3.19	70	6.67	6.01
36	3.35	3.22	71	6.90	6.21
37	3.38	3.25	72	7.16	6.44
38	3.42	3.28	73	7.43	6.68
39	3.46	3.31	74	7.71	6.94
40	3.50	3.34	75	8.02	7.22
41	3.54	3.38	76	8.35	7.52
42	3.58	3.41	77	8.70	7.85
43	3.63	3.45	78	9.08	8.21
44	3.67	3.49	79	9.48	8.60
45	3.72	3.53	80	9.91	9.02
46	3.78	3.57	81	10.37	9.47
47	3.83	3.62	82	10.86	9.96
48	3.89	3.67	83	11.38	10.50
49	3.95	3.72	84	11.94	11.07
50	4.01	3.77	85	12.54	11.69
	4.08	3.83			

*Use the payee's age on the date of the Covered Person's death.

OPTION 5 - LIFE ANNUITY WITH 10 YEAR PERIOD CERTAIN. We will pay equal monthly installments to the payee for as long as he lives with a period certain of 10 years. If the payee dies before the period certain ends, the period certain installments which have not been paid will be paid as stated in "Death of Payee." The amount of the equal monthly installments is shown in the table below. The amounts shown are for each \$1,000 of Lump Sum Settlement Amount applied under this option. The values in the table are based on the 2000 Individual Annuity Mortality Table at 3% interest.

Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain		Age* of Payee	Option 5 Life Annuity with 10 Year Period Certain	
	Male	Female		Male	Female
16 and under	\$2.92	\$2.85	51	\$4.11	\$3.87
17	2.93	2.87	52	4.18	3.93
18	2.95	2.88	53	4.25	3.99
19	2.97	2.89	54	4.33	4.06
20	2.98	2.91	55	4.41	4.13
21	3.00	2.92	56	4.49	4.20
22	3.02	2.94	57	4.58	4.28
23	3.04	2.96	58	4.68	4.36
24	3.06	2.97	59	4.78	4.45
25	3.08	2.99	60	4.88	4.54
26	3.10	3.01	61	4.99	4.63
27	3.12	3.03	62	5.10	4.73
28	3.15	3.05	63	5.23	4.84
29	3.17	3.07	64	5.35	4.95
30	3.20	3.09	65	5.48	5.07
31	3.22	3.11	66	5.62	5.20
32	3.25	3.14	67	5.77	5.33
33	3.28	3.16	68	5.92	5.47
34	3.31	3.19	69	6.07	5.62
35	3.34	3.22	70	6.23	5.78
36	3.38	3.24	71	6.39	5.94
37	3.41	3.27	72	6.56	6.11
38	3.45	3.30	73	6.73	6.29
39	3.49	3.34	74	6.90	6.48
40	3.53	3.37	75	7.08	6.67
41	3.57	3.41	76	7.25	6.86
42	3.62	3.44	77	7.43	7.06
43	3.66	3.48	78	7.61	7.26
44	3.71	3.52	79	7.78	7.46
45	3.76	3.57	80	7.95	7.66
46	3.81	3.61	81	8.11	7.86
47	3.87	3.66	82	8.27	8.05
48	3.92	3.71	83	8.42	8.23
49	3.98	3.76	84	8.56	8.40
50	4.05	3.81	85	8.69	8.55

*Use the payee's age on the date of the Covered Person's death.

CENTRAL UNITED LIFE INSURANCE COMPANY

A Legal Reserve Old Line Stock Company

Administrative Office: 10700 Northwest Freeway, Houston, TX • 77092
(800) 669-9030

ACCIDENTAL DEATH BENEFIT POLICY